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2025 CCO Dental Directed Payment Program

Approved by CMS 7/1/2025

Program Mission and Goals



Mission: Expand quality dental access and preventive care for Oregon Health Plan (OHP) members.



Goals: Increase access to quality dental care, with incentives for expanded engagement, continuity, and preventive care services. Support new providers entering the OHP network with financial rewards for patient volume growth and preventive care services.



Technical Objective: Align payment structures with CMS 42 C.F.R. §438 regulations, supporting Medicaid goals under managed care contracts and receive CMS approval (federal matching funds to support dental services).

2025 Dental Direct Payments Overview

Only for CCO network dental providers

- **New Dental Provider Annual Incentive**

New dental providers who sign up and provide service in 2025 are eligible to receive an annual bonus that varies by services provided in CY 2025.

- **Existing Provider Retention and Increased Access Incentive**

Existing dental providers who retain service levels from 2024 are eligible for an annual bonus that can also increase if services are expanded in CY2025

- **Bundled Payments for Pediatric and Minimally Invasive Services (once per year, per member)**

- Dental Providers who complete a pediatric preventative bundle will receive an add-on payment of \$30 per bundle.
- Dental Providers who complete a minimally invasive bundle will receive an add-on payment of \$50 per bundle.

Who's eligible for which payment program?

- **“New Provider”** is defined as performing providers who are contracted with a CCO (or subcontracted DCO) and did not have a Medicaid Provider identification (ID) in calendar years 2023 or 2024, or who billed for 25 or fewer unique Medicaid, HOP, or BHP members in each of those years.
- **“Existing Provider”** is defined as performing providers who are contracted with a CCO (or subcontracted DCO) and does not meet the new provider definition.

New Providers

New Provider Annual Incentive

Bundles

Existing Providers

Retention Annual Incentive

Increase Access Incentive

Bundles

CCO & Provider Responsibilities

New Dental Provider Annual Incentive

Coordinated Care Organizations

- **Network:** Work with new providers and facilitate contracting process
- **Website:** CCOs create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA
- **Attestation:** CCOs attest to compliance to all Directed Payments([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, HOP and BHP members to OHA for incentive evaluation
- **Payment:** OHA will evaluate the incentive achievement by rendered provider and notify CCOs their amount to send to the billing provider IDs that achieved the incentive in 2026

Dental Providers

- Determine if you have a Medicaid Provider ID. If you do not, take steps to contract with one or more CCOs in your region.
- Schedule and provide services to members in CY2025 to meet the service/claim thresholds.
- [Document Caries Risk Assessment with exam using CDT code \(D0601, D0602 & D0603\)](#)

Number of Services/claims Provided for Medicaid, HOP, or BHP members in CY25	Bonus amount to be earned
At least 100 but less than 350	\$3,500
At least 350 but less than 700	\$8,000
At least 700	\$15,000

CCO Responsibilities

Existing Dental Provider Annual Incentive - Retention

Coordinated Care Organizations

- **Website:** CCOs must create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA
- **Attestation:** CCOs must attest to compliance to all Directed Payments ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, HOP and BHP members to OHA for incentive evaluation
- **Payment:** OHA will evaluate the incentive achievement by rendered provider and notify CCOs their amount to send to the billing provider IDs that achieved the incentive in 2026

Existing Dental Providers

- Determine how many unique members received dental services in CY2024 as a benchmark.
- Schedule and provide services to members in CY2025 to meet the service/claim thresholds.
- **Document Caries Risk Assessment with exam using CDT code (D0601, D0602 & D0603)**
- Next slide for calculation.

Retention Bonus Schedule & Calculation

Number of Unique Members Medicaid, HOP, or BHP members serviced in CY24 and again in CY25 (rendering provider)	Maximum Bonus amount to be earned
More than 25 up to 50 unique members	\$2,000
More than 50 up to 100 unique members	\$4,000
More than 100 up to 250 unique members	\$8,000
More than 250 up to 500 unique members	\$16,000
More than 500 unique members	\$25,000

Bonus achievement schedule based on retained members serviced in CY25, compared to CY24:

- **0%:** If the retention percentage is under 50%, the Existing Provider will receive 0% of the bonus listed.
- **50%:** If the retention percentage is at least 50% but less than 65%, the Existing Provider will receive 50% of the maximum bonus listed.
- **75%:** If the retention percentage is at least 65% but less than 80%, the Existing Provider will receive 75% of the maximum bonus listed.
- **100%:** If retention is 80% or higher, the Existing Provider will receive the maximum bonus (100%) listed.

CCO Responsibilities

Existing Dental Provider Annual Incentive – Increased Access

Coordinated Care Organizations

- **Website:** CCOs must create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA
- **Attestation:** CCOs must attest to compliance to all Directed Payments ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, HOP and BHP members to OHA for incentive evaluation
- **Payment:** OHA will evaluate the incentive achievement by rendered provider and notify CCOs their amount to send to the billing provider IDs that achieved the incentive in 2026

Existing Dental Providers

- Develop a plan or identify additional times (after-hours/weekends) to expand capacity of services to achieve the increased access bonus in 2025.
- Schedule and provide services to members in CY2025 to meet the service/claim thresholds.
- [Document Caries Risk Assessment with exam using CDT code \(D0601, D0602 & D0603\)](#)

Increased Access Calculation

Number of Unique Members Medicaid, HOP, or BHP members serviced in CY25 (rendering provider)	Maximum Bonus amount to be earned
One member more than prior year (CY24 count)	\$4,000
Every 50 more unique member served over CY24 count	+ \$2,000 per 50
Up to 400 more unique members served over CY24 count	Up to \$20,000 max (\$4,000 + \$16,000)

How will the payments be calculated?

- **New and Existing Annual Provider Incentives:**
 - CCO will provide claims/encounters to OHA based on the timeframes in the contracts
 - OHA's actuarial team will determine the rendering providers who have met the thresholds to qualify for the incentive and communicate it to the appropriate CCOs for payment to billing provider ID in 2026
- **Bundle Payments:** CCO will calculate earned incentive per member and provide the add-on payment to the billing providers on a regular basis throughout the year (at least annually).



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2025 New CCO Dental Provider Bundle Add-on Payments

Pediatric Bundle Criteria

- **Ages:** 0-15
- **Services:** Dental cleaning + fluoride application + sealant placement within a six-month period in CY2025
- **Incentive:** \$30 add-on payment per completed bundle per member
- **Technical Specifications:** Must use CDT codes D1110, D1120, D4341, D4342, D4346, D4910 for cleaning; D1206, D1208, D1355 for fluoride; D1351 for sealant.
- D1354 (interim caries arresting medicament) is applicable if member is not eligible for sealants

Minimally Invasive Bundle Criteria

- **Ages:** 16+ years
- **Services:** Dental cleaning plus two additional minimally invasive treatments (e.g., fluoride, tobacco cessation) within a six-month period in CY2025
- **Incentive:** \$50 add-on payment per completed bundle per member
- **Technical Specifications:** Must use CDT codes D1110, D4341, D4342, D4346, D4910 for cleaning, then complete two of the following services:
 - D1354 or D1355
 - D2940 for protective restorations
 - Counseling for Immunization (D1301), Tobacco (D1320), Nutritional (D1310) or High-risk Substance use (D1321)
 - Vaccine Administration (Covid-19 or HPV)

CCO Responsibilities

Bundles

Coordinated Care Organizations

- **Track and Pay Bundle Add-on Payments:** Develop a reporting process that identifies the bundled services and determine when the requirement is met by a rendering provider and pay out add-on reimbursement regularly once achieved (at least once annually).
- **Eligible members:** CCO enrolled members are eligible for the bundle – OHP, HOP and BHP. Capitation rates assume the reimbursement risk for the bundle across all three contracts.
- **Website:** CCOs must create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA
- **Attestation:** CCOs must attest to compliance to all Directed Payments ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, HOP and BHP members to OHA for incentive evaluation

New & Existing Dental Providers

- **Provide services** that meet the bundle requirements within six months for an enrolled member within calendar year 2025.
- **Bill** using the appropriate and eligible CDT codes.
- **Track** and reconcile with CCOs (or Dental subcontractors) to ensure appropriate bundle payments have been paid at least annually.

Call to Action

- **Interested and new to Medicaid?**
 - Contact your local CCO and start the networking process for incentives
 - Contact OHA and provide service to FFS members to receive new higher FFS rates
- **Currently serving Medicaid?**
 - Retain service level and expand your panel
- **Are you a CCO or dental subcontractor?**
 - Communicate the directed payment program to your dental providers and organizations in your region during in-person and virtual engagements



Important dates

- **Effective Dates:** The program applies for services rendered (date of service) between 1/1/2025 and ends on 12/31/2025 (CY25)
- **Prior Contract Period:** Unique members for Existing Incentives will be counted based on services rendered CY2024 (date of service)
- **Annual Incentive Timing:** The amount each CCO owes the providers for New and Existing Provider payments will be determined by OHA in mid-2026



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Thank you!